

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040884

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

9688

318  
Filed OCT 19 1962

1003

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS, MO.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>ST. LOUIS, MO.</b>				Length of stay in 1b <b>ST. LOUIS</b>			
c. FULL NAME OF (If NOT in hospital, give location) <b>ST. LOUIS CITY HOSP.#.1</b>				d. STREET ADDRESS (If outside, give location) <b>3131 MICHIGAN</b>			
3. NAME OF DECEASED (Type or print) First <b>IDA</b> Middle <b>J</b> Last <b>WIESER</b>				4. DATE OF DEATH Month <b>10</b> Day <b>7</b> Year <b>62</b>			
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12/22/1884</b>	
9. AGE (last birthday) <b>79</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>9</b>		IF UNDER 24 HR Hours <b>7</b> Min. <b>9</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or country) <b>ST. LOUIS, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>JOHN MOEHSMER</b>				13b. MOTHER'S MAIDEN NAME <b>MARY E. HOFFER</b>		14. NAME OF HUSBAND OR WIFE <b>JOHN F. WIESER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>				16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>JOHN F. WIESER</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>right intra cerebral hemorrhage, massive</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>331X</b>				DUE TO (c) <b>331X</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b>6:10 A</b> a.m. <b>10-6-62</b> Month, Day, Year <b>10-7-62</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>ST. LOUIS</b>		COUNTY		STATE	
21. I attended the deceased from <b>10-6-62 6:10 A</b> to <b>10-7-62</b> and last saw her alive on <b>10-7-62</b> Death occurred at <b>9:30 p.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>S Robert Schultz M.D.</b>				22b. ADDRESS <b>1515 LAFAYETTE AVE</b>		22c. DATE SIGNED <b>10-7-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>10/11/62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>SS. PETER &amp; PAUL</b>		23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS</b>	
24. FUNERAL DIRECTOR <b>GEORGE BENZ MOERTUARY</b>				25. DATE RECD. BY LOCAL REG. <b>OCT 10 1962</b>		26. REGISTRAR'S SIGNATURE <b>Karl Smith M.D.</b>	

SCHULTZ  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Joe S. Benz  
Licensed Embalmer No. 4249  
P. O. Address St Louis 18 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.